

GEORGIA STATE BOARD OF NURSING HOME ADMINISTRATORS 237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 (Telephone)
<a href="http://sos.ga.gov/plb/nursinghome">http://sos.ga.gov/plb/nursinghome</a>

## DOCUMENTATION OF COMPLETION OF ADMINISTRATOR-IN-TRAINING PROGRAM

Last First Middle Maiden  DME ADDRESS:  Street Address City State Zip Code  PART II - TO BE COMPLETED BY PRECEPTOR  AME:  First Last Middle Maiden  EXACT NAME(S) OF NURSING HOME(S):  DCATION(S) WHERE AIT PROGRAM WAS SERVED:  Street Address City State Zip Code  TO:  PART III - PRECEPTOR'S EVALUATION OF APPLICANT'S ABILITY  STRUCTIONS:  Please evaluate the above-named Administrator-in-Training's present ability to function in a Nursing Home. Board Rule Chapter 393-4-02(2). Use a separate sheet, as necessary, and identify the AIT.	AME:			NISTRATO	
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Page 1 of 2 Rev 3-31-2009

□Yes □ No	Do you recommend that the Applicant's period as an administrator-in-training be approved by the Board as meeting the requirements for licensure? If "No," please explain and attach relevant documentation.
	PART IV - SIGNATURES
APPLICANT:	
By my signatu	re below, I affirm that I have discussed this report with the Preceptor of my Administrator-in-Training Program.
Date	Signature of Applicant
PRECEPTOR	;
By my signatu Home Adminis	re below, I affirm that I have discussed this report with the above-named Applicant for licensure as a Nursing strator.
Date	Signature of Preceptor
Sworn to and	subscribed before me this
day of _	, 20
Notary Public	
My Commission	on Expires NOTARY SEAL

Page 2 of 2 Rev 3-31-2009